

City of Nashua

Code Enforcement

Apartment Self-Inspection

Guide



NOTICE

This inspection guide is intended as an aid to landowners/tenants in the City of Nashua. The guide is based upon the Nashua Housing Code NRO Chapter 182 Housing Standards. The material contained in this guide is intended only as a guide and does not purport to provide all inclusive forms or information.

The City of Nashua makes no warranty, expresses or implied, as to whether the materials herein are correct, complete, up-to-date or any other thing.

City of Nashua
Code Enforcement Department
229 Main St.
Nashua, NH 03060
603-589-3100
www.gonashua.com

City of Nashua Apartment Inspection Form

A. GENERAL INFORMATION

Type of Inspection ☐ apartment ☐ building ☐ rental unit

Date of Inspection _____

Owner Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Building/Property Manager

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

B. BUILDING INFORMATION

Number Stories _____

Type of Foundation

- ☐ Granite
- ☐ Concrete
- ☐ Brick
- ☐ Other

Type of Roof

- ☐ Asphalt
- ☐ Slate
- ☐ Wood
- ☐ Other

Type of Siding

- ☐ Wood
- ☐ Vinyl/Aluminum
- ☐ Asphalt
- ☐ Other

Housing Type

☐ Number of Units _____

☐ Mixed Use Y - N

Parking

- ☐ Ample for all units
- ☐ Sufficient
- ☐ Deficient
- ☐ None

Heating

- ☐ Central
- ☐ Individual
- ☐ Other _____

Inspected by: _____

C. DWELLING UNIT INFORMATION

Tenant Information

Address: _____

Name of Family: _____

Number of Bedrooms: _____ Phone Number: _____

1.0 GENERAL SAFE

	Y	N	N/A
Plumbing Does the Hot Water Heater have a pressure relief valve down spout? (All water heating/boilers require relief value and down spout).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Systems (if provided or allowed). Are all clothes dryers vented directly to the outdoors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structure Identification Does the Structure have displayed a readable number installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit Identification Does each dwelling unit have a readable unit number installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Information Did the owner file his/her emergency information with the Code Enforcement Office? Has owner posted his/her emergency contact information in building?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

1.10 SAFETY CHECK LIST

Does the unit have:	Y	N	N/A
Two Means of Egress (3 or more units) Does the unit have two separate and remote means of egress? (Check for a back stair or fire escape, first floor apartments may use a large window).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solid Doors and Closers (3 or more units) Are apt. common doors 1 3/4" solid doors? Do the doors have self closing devices? (arm or hinges). Do the common exterior doors have closures?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Heating Facilities (adequacy, speak to tenant if possible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs Do all stairways with three (3) or more stairs have hand and guardrails? (guardrails must be configured so a nine inch (9") ball will not fit through any part). Do all openings over thirty inches (30") in height have guard rails? (see note above)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Exterior Do you consider the following items to be sound? Siding (fail for missing shingles, leaks, excessive sagging etc.) Roof (fail for missing shingles, leaks, excessive sagging, etc.) Chimney (fail for loose bricks, excessive leaning, etc.) Porch(es) (fail for excessive sags, rotted members) Stairs (fail for loose treads, rotted wood, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Basement Is the basement clean, and free of stored flammables? Does the basement appear to be structurally sound? (check for excessive sags in beams, cracking in members)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

1.11 SAFETY CHECK LIST

Electrical	Y	N	N/A
Smoke Detectors) Does each apartment have a hardwired functioning smoke detector at each level of the unit? Does the basement have at least one Electric smoke detector per section? Do halls common to more than one unit have Electric smoke detectors at each level?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Carbon Monoxide Detector Does every apartment have a hardwired CO detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Panel Does each apartment have access to their own individual electrical panels? Does the electrical panel contain either type “S” fuses or mechanical breakers? (type “S” will be written on fuse) Are all slots on the panel full or covered?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exterior Lighting Are all exterior doorways illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Hallways Do all common hall stairs have three way switches and lights? (all stairs must have light switches at both the top and bottom of the stairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Does the basement contain at least one light fixture? Are all splices in wires contained in a box?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

2.0 LIVING ROOM

Living Room Present?	Y	N	N/A
Electrical 3 Sources of Electricity (2 outlets, 1 overhead, or 3 outlets). Electrical Hazards (bare wires, extension cords, missing plates, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Security Windows (lockable) Doors (lockable)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Windows Is there at least one window? Does the window have a screen? (required 5/15 to 10/15). Are the panes free from crack/breaks? Are they weather tight? (fit the frame) Will the bottom sash stay open without external devices?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ceiling Condition Is the ceiling structurally intact? Is the finish acceptable? (condition of paint, texture, tiles, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Wall Condition Are the ceiling walls structurally intact? Are the walls free from holes? Is the finish in acceptable condition? (paint, wall paper, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Floor Condition Is the floor structurally intact? (fail for bounce or extreme sags) Is the carpet free from holes, tears and trip hazards? Is the carpet clean and in acceptable condition?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wood Trim Is the paint on wood trim in a sound state? (fail if chipped or peeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.0 BATHROOM

Bathroom Present?	Y	N	N/A
Electrical Is there at least one outlet in the bathroom? (a GFI is recommended) Electrical Hazards (bare wires, extension cords, missing plates, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Security Windows (lockable) Doors (lockable)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Windows Is there at least one window or mechanical ventilation? Does the window have a screen? (required 5/15 to 10/15). Are the panes free from cracks/breaks? Are they weather tight? (fit the frame) Will the bottom sash stay open without external devices?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ceiling Condition Is the ceiling structurally intact? Is the finish acceptable? (condition of paint, texture, tiles, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Wall Condition Are the ceiling walls structurally intact? Are the walls free from holes? Is the finish in acceptable condition? (paint, wall paper, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Floor Condition Is the floor structurally intact? (fail for bounce or extreme sags) Is the carpet free from holes, tears and trip hazards? Is the carpet clean and in acceptable condition? (flooring must be non permeable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wood Trim Is the paint on wood trim in a sound state? (fail if chipped, or peeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Is toilet bolted to floor? Is there a working toilet in the bathroom? (check at base for leaks)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Lavatory Does the bathroom have a lavatory with hot and cold running water? (check at base for leaks, Note: must be separate from kitchen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tub or Shower Unit Does the bathroom have a tub with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation Are there operable windows or a mechanical ventilation system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.0 KITCHEN

Kitchen Present?	Y	N	N/A
Electrical Is there at least one outlet above the counter top? (a GFI is recommended) Are there a total of three outlets in the kitchen? Electrical Hazards? (bare wires, extension cords, missing plates, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Security Windows (lockable) Doors (lockable)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Windows Does the kitchen have a window? Does the window have a screen? (required 5/15 to 10/15). Are the panes free from cracks/breaks? Are they weather tight? (fit the frame) Will the bottom sash stay open without external devices?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ceiling Condition Is the ceiling structurally intact? Is the finish acceptable? (condition of paint, texture, tiles, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Wall Condition Are the ceiling walls structurally intact? Are the walls free from holes? Is the finish in acceptable condition? (paint, wall paper, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Floor Condition Is the floor structurally intact? (fail for bounce or extreme sags) Is the flooring free from holes, tears and trip hazards? Is the flooring clean and in acceptable condition? (flooring must be non permeable)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wood Trim Is the paint on wood trim in a sound state? (fail if chipped. or peeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Sink Is there a sink in the kitchen, separate from the bath sink? Does the sink have running hot and cold water? Is the sink free from leaks? Do the faucets function properly?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Range Does the kitchen have a properly functioning range?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator Does the kitchen have a properly functioning refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.1 BEDROOM #1

Location:	Y	N	N/A
Electrical 3 Sources of Electricity? (2 outlets, 1 overhead, or 3 outlets). Electrical Hazards? (bare wires, extension cords, missing plates, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Security Windows (lockable)? Doors (lockable)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Windows Is there at least one window? Does the window have a screen? (required 5/15 to 10/15). Are the panes free from cracks/breaks? Are they weather tight? (fit the frame) Will the bottom sash stay open without external devices?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ceiling Condition Is the ceiling structurally intact? Is the finish acceptable? (condition of paint, texture, tiles, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Wall Condition Are the ceiling walls structurally intact? Are the walls free from holes? Is the finish in acceptable condition? (paint, wall paper, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Floor Condition Is the floor structurally intact? (fail for bounce or extreme sags) Is the carpet free from holes, tears and trip hazards? Is the carpet clean and in acceptable condition?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wood Trim Is the paint on wood trim in a sound state? (fail if chipped or peeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES:

5.2 BEDROOM #2

Location:	Y	N	N/A
Electrical 3 Sources of Electricity? (2 outlets, 1 overhead, or 3 outlets). Electrical Hazards? (bare wires, extension cords, missing plates, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Security Windows (lockable)? Doors (lockable)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Windows Is there at least one window? Does the window have a screen? (required 5/15 to 10/15). Are the panes free from cracks/breaks? Are they weather tight? (fit the frame) Will the bottom sash stay open without external devices?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ceiling Condition Is the ceiling structurally intact? Is the finish acceptable? (condition of paint, texture, tiles, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Wall Condition Are the ceiling walls structurally intact? Are the walls free from holes? Is the finish in acceptable condition? (paint, wall paper, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Floor Condition Is the floor structurally intact? (fail for bounce or extreme sags) Is the carpet free from holes, tears and trip hazards? Is the carpet clean and in acceptable condition?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wood Trim Is the paint on wood trim in a sound state? (fail if chipped or peeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES:

5.3 BEDROOM #3

Location:	Y	N	N/A
Electrical 3 Sources of Electricity? (2 outlets, 1 overhead, or 3 outlets). Electrical Hazards? (bare wires, extension cords, missing plates, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Security Windows (lockable)? Doors (lockable)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Windows Is there at least one window? Does the window have a screen? (required 5/15 to 10/15). Are the panes free from cracks/breaks? Are they weather tight? (fit the frame) Will the bottom sash stay open without external devices?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ceiling Condition Is the ceiling structurally intact? Is the finish acceptable? (condition of paint, texture, tiles, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Wall Condition Are the ceiling walls structurally intact? Are the walls free from holes? Is the finish in acceptable condition? (paint, wall paper, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Floor Condition Is the floor structurally intact? (fail for bounce or extreme sags) Is the carpet free from holes, tears and trip hazards? Is the carpet clean and in acceptable condition?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wood Trim Is the paint on wood trim in a sound state? (fail if chipped. or peeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES:

5.4 BEDROOM #4

Location:	Y	N	N/A
Electrical 3 Sources of Electricity? (2 outlets, 1 overhead, or 3 outlets). Electrical Hazards? (bare wires, extension cords, missing plates, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Security Windows (lockable)? Doors (lockable)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Windows Is there at least one window? Does the window have a screen? (required 5/15 to 10/15). Are the panes free from cracks/breaks? Are they weather tight? (fit the frame) Will the bottom sash stay open without external devices?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ceiling Condition Is the ceiling structurally intact? Is the finish acceptable? (condition of paint, texture, tiles, etc.)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Wall Condition Are the ceiling walls structurally intact? Are the walls free from holes? Is the finish in acceptable condition? (paint, wall paper, etc.)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Floor Condition Is the floor structurally intact? (fail for bounce or extreme sags) Is the carpet free from holes, tears and trip hazards? Is the carpet clean and in acceptable condition?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wood Trim Is the paint on wood trim in a sound state? (fail if chipped or peeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES: